

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126604

FILED
May 05, 2005
Secretary of State

Entity Name: CARE WITH A TOUCH OF LOVE INC.

Current Principal Place of Business:

5600 STE 2 NEW KINGS RD
JACKSONVILLE, FL 32209

New Principal Place of Business:

5600 NEW KINGS RD
SUITE2
JACKSONVILLE, FL 32209

Current Mailing Address:

5600 STE 2 NEW KINGS RD
JACKSONVILLE, FL 32209

New Mailing Address:

5600 NEW KINGS RD
SUITE 2
JACKSONVILLE, FL 32209

FEI Number: 27-0102624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, PATRICE P
8545 LAURENS RD
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PURDY, EVELYN
Address: 4903 ROANOKE BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: V () Delete
Name: BROWN, PATRICE P
Address: 8545 LAURENS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: DOUGLAS, SANDRA A
Address: 8545 LAURENS RD
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: BALLARD, DEMETRIS
Address: 8545 LAURENS RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE P. BROWN

V

05/05/2005

Electronic Signature of Signing Officer or Director

Date